



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E406210**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	15-00611		
LOCAL AGENCY CODING	0664		
TOTAL # OF UNITS	02	OBJECT STRUCK	UTILITY POLE

TRIBAL RESERVATION	
--------------------	--

DATE OF COLLISION	03	07	2015	TIME (2400)	2041	COUNTY #	31	MILES	N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	IN	<input checked="" type="checkbox"/>	CITY #	0664
-------------------	-----------	-----------	-------------	-------------	-------------	----------	-----------	-------	---	----	-------------------------------------	--------	-------------

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
116 AVE NE		BLOCK NO. <input checked="" type="checkbox"/> 2000
MILE POST <input type="checkbox"/>		

DISTANCE	20	00	MILES	<input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> <input checked="" type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	OF (REFERENCE OR CROSS STREET)	20 ST NE
----------	-----------	-----------	-------	---	--------------------------------	-----------------

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET <input checked="" type="checkbox"/>	PHONE	D: 4253772661
---------	---	--------------------------------------	--	-------	----------------------

LAST NAME	AYLESWORTH	FIRST NAME	MEIGHAN	MIDDLE INITIAL	S
-----------	-------------------	------------	----------------	----------------	----------

STREET NEW ADDRESS	10945 36TH ST NE
--------------------	-------------------------

CITY	LAKE STEVENS	ST	WA	ZIP	982588150
------	---------------------	----	-----------	-----	------------------

CDL		RESTRICTIONS		ENDORSEMENTS	
-----	--	--------------	--	--------------	--

DRIVER'S LICENSE #	AYLESMS024KN	STATE	WA	SEX	F	D.O.B. MMDDYYYY	05	15	1998
--------------------	---------------------	-------	-----------	-----	----------	-----------------	-----------	-----------	-------------

ON DUTY <input type="checkbox"/>	STATUS	AIRBAG 3	RESTR. 4	EJECT 1	HELMET USE	INJURY CLASS 7	NATURE OF INJURIES	HAND AND WRIST PAIN
----------------------------------	--------	-----------------	-----------------	----------------	------------	-----------------------	--------------------	----------------------------

LICENSE PLATE #	ADT4220	STATE	WA	VIN#	3VWVH69M93M109689
-----------------	----------------	-------	-----------	------	--------------------------

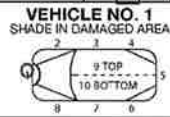
TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
-----------------	--	-------	--	-----------------	--	-------	--

VEH. YEAR	2003	MAKE	VOLK	MODEL	JET4D	STYLE	4D	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	ANGEL TOWING	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-----------	-------------	------	-------------	-------	--------------	-------	-----------	---	----------	---------------------	---

REGISTERED OWNER INFO. **LEIGH AYLESWORTH 10945 36TH ST NE LAKE STEVENS WA 98258**

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	USAA 006967346C
---	-------------------------	------------------------

VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	CHARGE
--	------------	--------



UNIT 02	MOTOR VEHICLE <input type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input checked="" type="checkbox"/>	DAMAGE THRESHOLD MET <input checked="" type="checkbox"/>	PHONE	
---------	--	--------------------------------------	-------------------------------------	--	--	-------	--

LAST NAME	PUD	FIRST NAME	PUD	MIDDLE INITIAL	
-----------	------------	------------	------------	----------------	--

STREET NEW ADDRESS	SNOHOMISH COUNTY PUD 2320 CALIFORNIA ST
--------------------	--

CITY	EVERETT	ST	WA	ZIP	98201
------	----------------	----	-----------	-----	--------------

CDL		RESTRICTIONS		ENDORSEMENTS	
-----	--	--------------	--	--------------	--

DRIVER'S LICENSE #		STATE		SEX	U	D.O.B. MMDDYYYY			
--------------------	--	-------	--	-----	----------	-----------------	--	--	--

ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
----------------------------------	--------	--------	--------	-------	------------	--------------	--------------------

LICENSE PLATE #		STATE		VIN#	
-----------------	--	-------	--	------	--

TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
-----------------	--	-------	--	-----------------	--	-------	--

VEH. YEAR		MAKE		MODEL		STYLE		VEHICLE TOWED YES <input type="checkbox"/> NO <input type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/>
-----------	--	------	--	-------	--	-------	--	--	----------	--	--

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	
--	-------------------------	--

VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
---	------------	--------



OFFICER'S NAME (PRINT)	KERRY BERNHARD	BADGE OR ID #	120	AGENCY	WA0311900
------------------------	-----------------------	---------------	------------	--------	------------------



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E406210**

CASE # **15-00611**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		SANDERS TRYSTAN K																	
ADDRESS & PHONE #		8437 6 PL SE LAKE STEVENS WA 982588150 4255015182																	
		SEX	M	D.O.B. MMDDYYYY	10			27			1996								
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	3	AIRBAG	3	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)		PEARSON PAUL J																	
ADDRESS & PHONE #		12921 22 PL NE LAKE STEVENS WA 98258 4257607781																	
		SEX	M	D.O.B. MMDDYYYY	08			10			1975								
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #																			
		SEX		D.O.B. MMDDYYYY															
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	

NARRATIVE

On 3/7/2015 at approximately 2041 hours, Unit 1 made a right turn onto northbound 116th AVE NE from 20th ST NE in the City of Lake Stevens. After initiating the turn, Unit 1 traveled a short distance on 116th before veering from the roadway and striking a utility pole causing damage to the vehicle. The pole had been moved but no damage was visible at the time of the investigation. PUD was notified of the collision. There is no shoulder to the roadway in the vicinity of the collision.

Both front airbags were deployed during the collision. The vehicle driver complained of pain in her hands and wrists. Aid evaluated the injuries. The driver was not transported. The vehicle was towed from the roadway.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

KERRY BERNHARD

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

03-09-15 12:43 AM

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 095

DATE

3/9/2015 1:45:56 AM

BADGE OR ID #	120	ORI #	WA0311900	TIME POLICE DISPATCHED	8:43 PM	TIME POLICE ARRIVED	8:48 PM
---------------	------------	-------	------------------	------------------------	----------------	---------------------	----------------

NOT TO SCALE

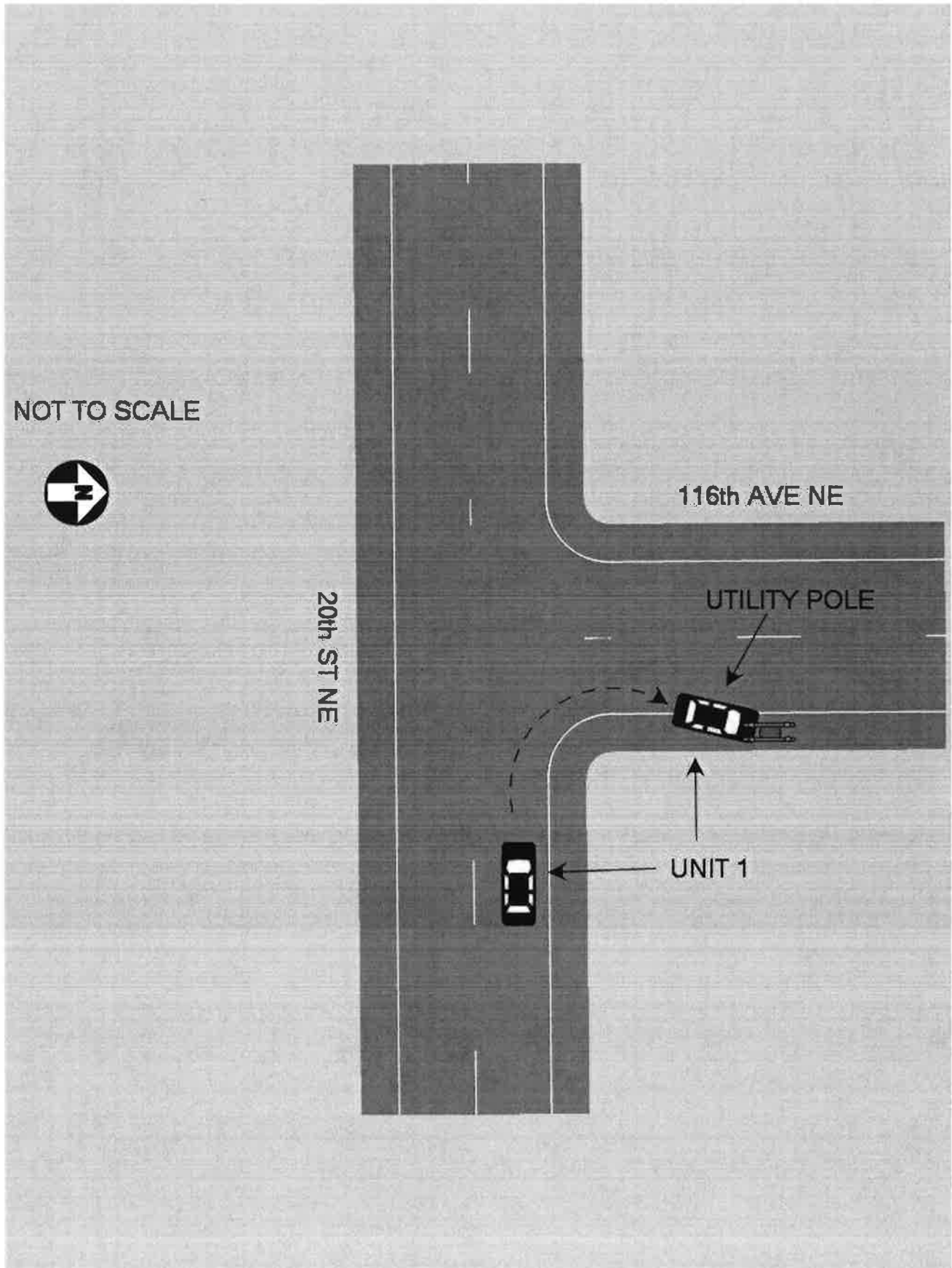


20th ST NE

116th AVE NE

UTILITY POLE

UNIT 1



LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 15-00611

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Pearson Paul John	RACE	ETH	SEX	DOB	AGE	HGT	WGT	HAIR	EYES
STREET ADDRESS 12921 22nd Pl NE		CITY Lake Stevens			STATE WA	ZIP 98258		RES. STATUS		
HOME PHONE (425) 335-4799		CELL PHONE (425) 760-7781			PLACE OF EMPLOYMENT Puhlap Industrial					
WORK PHONE		EMAIL ADDRESS								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was driving East bound on 20th st when I noticed a black car traveling west bound making a right turn on to 116th ave and struck the telephone pole. so i turned around and checked to see if they were OK and called 911 gave location and status on the condition of the people in the car.

LSPD
ORIGINAL

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE Paul Pearson	DATE SIGNED 3-7-15	LOCATION SIGNED
OFFICER/NUMBER: L. BELMONT #120	DATE SIGNED 3-7-15	LOCATION SIGNED LAKE STEVENS, WA

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

LAKE STEVENS POLICE EVIDENCE UNIT				Primary Officer/Badge Number <i>Benhard</i>				Case Number <i>15-611</i>			
Type of Crime: Felony / Misdemeanor (Circle)				Type of Case: <i>Collision</i>				Date/Time: <i>3/8/15 0200</i>			
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING								*Evi will be held until court dispo or when the Statute of Limitations has expired *Found and Sfkgs will be held for 60 days or 60 days past owner notification			

Case #

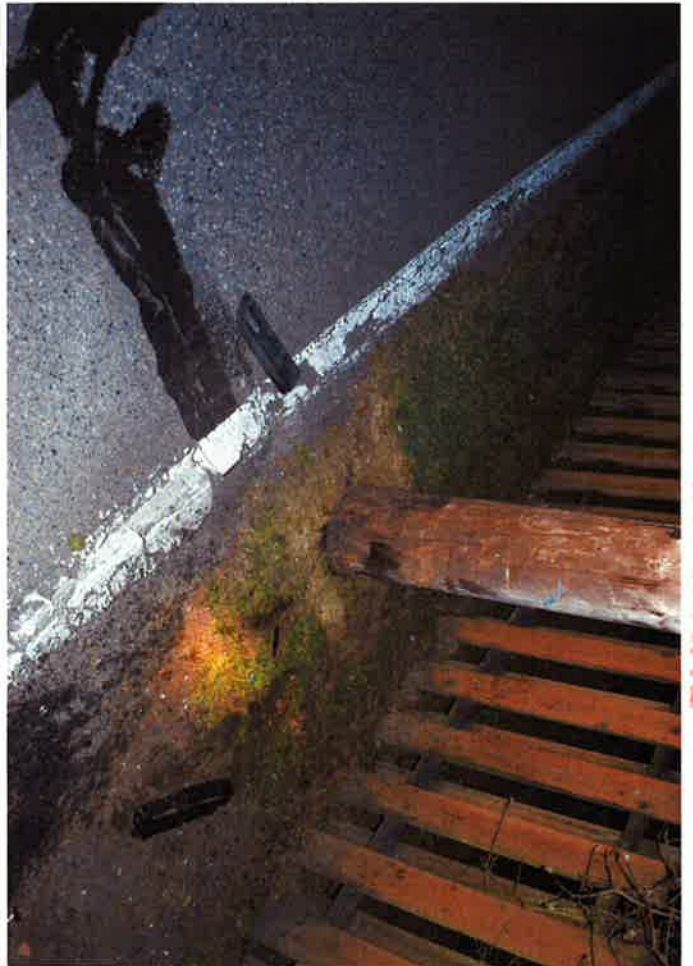
Item # Action #	Item <i>CD</i>	Brand Name <i>Computer</i>				Storage Location	Disposition
	Brand/Model/Caliber <i>Some Photos</i>						
	Serial #	Where Found	Weight of Narcotic				
Owner's Name Address City State Zip Phone #						Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions							
Item # Action #	Item	Brand Name				Storage Location	Disposition
	Brand/Model/Caliber (Further Description)						
	Serial #	Where Found	Weight of Narcotic				
Owner's Name Address City State Zip Phone #						Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions							
Item # Action #	Item	Brand Name				Storage Location	Disposition
	Brand/Model/Caliber (Further Description)						
	Serial #	Where Found	Weight of Narcotic				
Owner's Name Address City State Zip Phone #						Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions							
Item # Action #	Item	Brand Name				Storage Location	Disposition
	Brand/Model/Caliber (Further Description)						
	Serial #	Where Found	Weight of Narcotic				
Owner's Name Address City State Zip Phone #						Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions							

Evidence Control Use Only:

Received by Evidence:	NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:

ROUTING: _____
White: Property Room
Yellow: Case File

ORIGINAL



LSPD
ORIGINAL

15.011



LSPD
ORIGINAL
15-611



LSPD
ORIGINAL 15-611





LSPD
ORIGINAL
15-611



LSPD
ORIGINAL
15-611



LSPD
ORIGINAL

15-611



LSPD
ORIGINAL

15-611

Entered	03/07/15	20:41:48	BY SPDF24	SP0279
Dispatched	03/07/15	20:43:37	BY SPDF17	SP0200
Enroute	03/07/15	20:43:37		
Onscene	03/07/15	20:48:15		
Closed	03/07/15	21:48:56		

Loc: 116 AV NE/20 ST NE , LKS (V)

Phone: 4257607781

/2041	(SP0279)	ENTRY		, VEH VS POLE, MINOR INJS, NO WIRES DOWN, BLOCKING
/2043		CHANGE		TYP: COL --> COLP, NAM: --> PEARSON, PAUL, PHO: --> 4257607781, PRI: 2 --> 1, TXT: RP IS A WITNESS, FEM W/HAND INJ, AID ADV
/2043	(SP0200)	DISPER	19N1	#SS120 BERNHARD, OFFICER (KERRY)
/2044		ASSTER	19S15	#SS112 WARBIS, OFFICER (STEVE)
/2044		ASSTER	19S13	#SS95 MINER, SGT (ROBERT)
/2044		CLEAR	19S15	
/2044		ASSTER	19N2	[116 AV NE/20 ST NE ,LKS] #SS131 WELLS, OFCR (CHAD)
/2048		ONSCNE	19N1	
/2048	(SS95)	*ONSCNE	19S13	
/2048	(SP0200)	ONSCNE	19N2	
/2049		NEWLOC	19N1	[BLKIN 116]
/2050		REMINQ	19N1	VEH, 19N1, ADT4220,,,,,,,,,,,,,,,,,,,,,
/2053		CLEAR	19N2	
/2100	(SS120)	REMINQ	19N1	MDTWANT,,,,,,,,, WA, AYLESMSO24KN,,,,,,,,,,,,,
/2101		*MISC	19N1	, USAA 00696 73 46C EXP:9/9/15
/2101		REMINQ	19N1	MDTVEH, ADT4220,, WA,,,,,,,,,,,,,
/2102		*ASNCAS	19N1	\$SS15000611
/2103	(SP0200)	ROTREQ	19S13	TOW 5061 LKS SKY VAL SNO 3605636090
/2105		ROTREQ	19S13	TOW 5024 LKS ANGEL TRANSPORT & TOWING 3605680918
/2127		MISC	19N1	, TOW IS OS
/2128	(SS95)	CLEAR	19S13	
/2148	(SP0297)	CLEAR	19N1	D/H
/2148		CLOSE	19N1	

LSPD
ORIGINAL